

NPM 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	80.6	81.0	81.4	74.5	75.0
Annual Indicator	64.6	83.2	77.7	80.2	
Numerator	552	736	646	698	
Denominator	855	885	831	870	
Is Data Provisional or Final				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	81.0	81.5	82.0	82.5	83.0

Notes - 2002

Source: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Madison, 2004. Data issues: These data for 2002 are corrected from the 2005 application/2003 report which were 570/831 = 68.6%; these data were births occurring only in Wisconsin hospitals. We are now using a consistent definition for facilities for high-risk deliveries and neonates; defined as "birth record indicates transfer to NICU or another hospital" and the transfer hospital is the same as the birth hospital."

Corrected data since 2000 are:

2000: 676/814 = 83.0% (95% CI - 81.9%, 84.2%)
 2001: 692/857 = 80.8% (95% CI - 79.5%, 82.0%)
 2002: 646/831 = 77.7% (95% CI - 76.2%, 79.3%).

These data indicate a slight decrease in the percentage of very low birth infants born at high-risk facilities for deliveries and neonates.

Notes - 2003

Source: Wisconsin Department of Health and Family Services, Wisconsin Division of Public Health, Bureau of Health Information and Policy. Data issues: In Wisconsin, hospitals self-designate level of care. Wisconsin does not have a regulatory function to standardize these self-designations. We are now using a consistent definition for facilities for high-risk deliveries and neonates; defined as "birth record indicates transfer to NICU or another hospital" and the transfer hospital is the same as the birth hospital." Corrected data since 2000 are:

2000: 676/814 = 83.0% (95% CI - 81.9%, 84.2%)
 2001: 692/857 = 80.8% (95% CI - 79.5%, 82.0%)
 2002: 646/831 = 77.7% (95% CI - 76.2%, 79.3%)
 2003: 698/870 = 80.2% (95% CI - 77.6%, 82.8%)

These data indicate a slight decrease in the percentage of very low birth infants born at high-risk facilities for deliveries and neonates from 2000 to 2002, and the 2003 rate about the same as 2002. The four year average (2000-2003) is 80.4% (95% CI - 79.8%, 81.1%). In addition, a Minnesota facility serves as the Level III perinatal center for high-risk deliveries in northwestern Wisconsin and does not provide birth data to our vital records.

Notes - 2004

Data for 2004 are not available until from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

Impact on National Outcome Measures: NPM #17 relates to National Outcome Measures #1 Infant mortality rate and #3 Neonatal mortality rate. The Perinatal Periods of Risk model identifies risk factors for neonatal mortality to include inadequate systems for referral of high-risk women in labor to appropriate facilities, inadequate systems for transfer of ill newborns to appropriate facilities, and newborn care below standards of care. A number of studies address the issue of neonatal mortality related to the size and staffing of the NICUs (Goodman, et al; Cifuentes, et al, 2002; Phibbs, et al, 1996). Hospitals in Wisconsin self designate level of perinatal care. Wisconsin does not have regulatory function to standardize these self designations. In addition, a Minnesota facility serves as the perinatal center for high-risk deliveries in northwestern Wisconsin and does not provide birth data to our vital records.

1. WAPC Efforts on Regionalization--Infrastructure Building Services--Pregnant women, mothers, infants

WAPC published an article in the Wisconsin Medical Journal and continued discussions on regionalization of perinatal care in Wisconsin. With an increasing number of NICUs in the state, there are quality of care concerns with the attendant loss of coordination of care and more care delivered in smaller units. A number of steps were defined to address the concerns identified; actions to address quality improvement, including adoption of designations for level of care published by the AAP and the ACOG, definition of perinatal outcomes sensitive to quality of care, collection and analysis of outcomes data, and continued statewide discussions about the status of regionalized care and outcomes.

WAPC sent a survey to all birth hospitals asking them how they would designate their hospital according to the AAP guidelines. A second survey asked all self-designated perinatal centers in Wisconsin to identify and prioritize neonatal outcomes that should be monitored to measure quality of care. Based on the survey, WAPC identified seven outcomes to measure in a new data system.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wisconsin Association for Perinatal Care efforts on regionalization				X

b. Current Activities

1. WAPC Efforts on Regionalization--Infrastructure Building Services--Pregnant women, mothers, infants

WAPC will continue to redefine levels of care of birth hospitals to mirror the levels proposed by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. This would entail discontinuing referring to Wisconsin hospitals by 2 levels of care and instead use six categories: Level I, Level II A-B, and Level III A-C.

c. Plan for the Coming Year

1. WAPC Efforts on Regionalization--Infrastructure Building Services--Pregnant women, mothers, infants

Regionalization is expected to be an ongoing issue for Wisconsin. Title V MCH/CSHCN Program staff will continue to work with WAPC on this issue.